

59th Medical Wing



U.S. AIR FORCE

59 MDW Anesthesia Product Line Analysis

Information Brief
Briefer: LtCol Julian
Date: 14 Oct 04

Integrity - Service - Excellence

Overview

- Revised Financing & Business Plan
- San Antonio Multi-Service Market (SA-MM)
- Centralized Consult Management and Appointing (CAMO)
- Anesthesia Product Line Review

Revised Financing Overview

Prospective Payment System

- Goal 1: Provide Care of your Prime Enrollees
 - In-house vs. “make vs. buy” to Private Sector
 - MTF responsible for all PRIME care rendered in both direct care and private sector
- Goal 2: Earn Revenue on Fee for Service (FFS) Basis
 - Other MTFs’ Enrollees, Space-A (Active duty and other), Tricare Plus and TRICARE for Life, and MCSC (new)
- Bottom-line: We need to take care of our enrollees and meet our business plan targets; Focus on Customer Satisfaction, Access to Care, Productivity, and Data Quality

Business Plan Overview

Actual 59 MDW Performance Oct-May 04

RVUs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	256,130	16,071	55,388	327,589	79,986	72,278	48,866	104,149	305,279
Target	286,272	25,624	44,248	356,144	94,336	110,488	95,384	74,136	374,344
Diff	(30,142)	(9,553)	11,140	(28,555)	(14,350)	(38,210)	(46,518)	30,013	(69,065)
% Met	89%	63%	125%	22%	77%	44%	109%	140%	82%

RWPs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	2,633	225	344	3,202	1,854	290	3,262	2,877	8,283
Target	2,856	280	368	3,504	2,088	440	4,864	2,072	9,464
Difference	(223)	(55)	(24)	(302)	(234)	(150)	(1,602)	805	(1,181)
% Met	92%	80%	93%	91%	89%	66%	67%	139%	88%

 Bottom-line: -\$6.0M

- Performance against targets seen differently for PRIME & FFS patients
 - FY04 Targets based on FY02 LOE with no adjustments
 - FY05: 25% “At Risk”; FY06: 50%...

Source: P2R2 Virtual Analyst website

SA-MM Overview

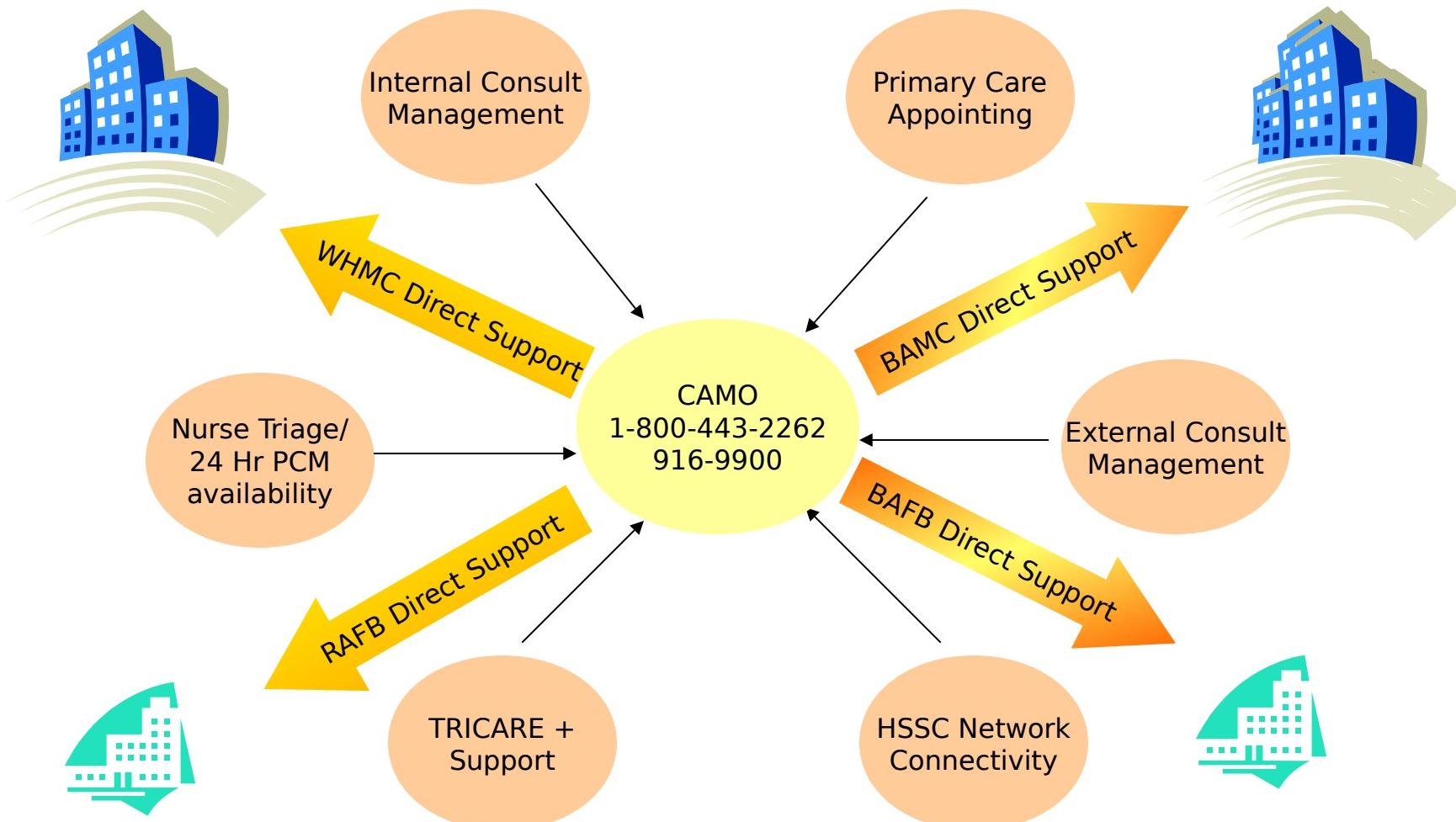
Goals & Objectives

- San Antonio Multi-Service Market (SA-MM) consists of WHMC, BAMC, Randolph Clinic, and Brooks Clinic
- Goals: Achieve the following desired end states
 - Optimize efficiency between direct and purchased care markets
 - Eliminate duplicate services
 - Increase synergy and cooperation among San Antonio MTFs
 - Ensure patient satisfaction with access and quality service
 - Strengthen Readiness by allocating the appropriate mix of resources
- Objectives
 - Optimize provider mix across specialty lines
 - Move providers and add facility capacity to meet population demands
 - Conduct rigorous business planning for clinical service lines
 - Optimize Third Party Billing, Contracting and Pharmacy
 - Establish a SA-MM Consult, Appointment and Management Office

CAMO Benefits

- Recapture Prime Leakage through more effective utilization of Market resources
- Provide “Entire Market” approach to appointment and referral processes
- Eliminates competition between MTFs and encourages cooperation
 - Encourages consolidation of clinical service lines
 - Facilitates GME (free movement of patients and staff between MTFs)
- Provides single POC for coordination between Purchased Care System and MTFs on referrals

SA-MM CAMO



Anesthesia Product Line Analysis

- Clinic Description
- Manpower and Staffing
- Readiness/Mobility Taskings
- Anesthesia - Operating Room
 - Workload
 - Starts, Cases, Hours Blocked, Utilization
- Pain Management
 - Access to Care
 - Template Review and Workload over Time
 - PRIME Leakage, PSC Use, and Market Share
 - Coding Analysis
 - Comparison to Civilian Benchmark
 - Business Plan Implications
 - Third Party Collections
 - Customer Satisfaction
- Stoplights

Anesthesiology

Unit Description

- Full Service Academic Anesthesiology Department
 - Support of all surgical specialties/subspecialties and “out-of-OR” procedures (12,000 cases/yr) - excludes Pain Clinic
 - Oversight of WHMC conscious sedation program
 - Management of acute and chronic pain patients by Pain Clinic
 - Directs Air Force’s sole Anesthesiology Residency
 - Anesthesia Simulator (resident education, RSV training)
 - Pre-Procedure Clinic
 - Anesthesia Consultation
 - Nurse Anesthesia Residency (USUHS based, 3-4 students/yr)
 - Clinical Research

Anesthesiology

Unit Description (con't)

- Pre-Procedure Clinic
 - JCAHO requirement for 2-phase assessment
 - Pre-op assessments including nursing history, lab analysis, anesthetic evaluation & other indicated studies (pulmonary, EKG, imaging)

Anesthesiology Unit Description (con't)

- BAMC provides essentially the same services as WHMC to include OR support, Pre-procedure Clinic, & Pain Clinic
- Exceptions:
 - Burn Unit (ISR) at BAMC only
 - WHMC Pediatric Surgery
 - WHMC Obstetrics

Anesthesiology

GME Program Status

- SAUSHEC Anesthesiology Residency
 - 32 Total residents in truly integrated program
 - 16 Total AF Residents/16 Total Army Residents
- RRC Status: 3-year accreditation; last accreditation 2001; RRC site evaluation July 2004
- Overall Program Health: Good
 - 86% Written Board Pass Rate (most recent PGY-4 class)
 - 100% on-time Graduation
 - Scores: graduates score in 75-90th percentile historically

Anesthesiology

GME Program Status

- OR Starts:
 - Minimum #: 12 daily starts
 - Optimum #: 14+ daily starts with more index cases
- Inadequate case numbers to train residents during their ACGME mandated 1-month rotations in pediatric anesthesia, neuroanesthesia and cardiothoracic anesthesia

Anesthesiology Manpower and Staffing

Providers	AUTHORIZED			ASSIGNED					Staffng
	MIL	GS	Total	AFSC	MIL*	GS	K	Total	
45A3 (Anesthesiologists)	22	0	22	45A3	14	0	9	23	105%
46M3 (CRNAs)	17	0	17	46M3	12	0	6	18	106%
Other	0	0	0	Other	0	0	0	0	0%
Total Providers	39	0	39	Total	26	0	15	41	105%
AUTHORIZED				ASSIGNED					
Support Staff	MIL	GS	Total	AFSC	MIL	GS	K	Total	Staffng
46N3 (RN)	0	0	0	46N3	0	3	0	3	300%
4N0X1 (Med Tech)	5	4	9	4N0X1	5	5	2	12	133%
4H0X1 (Cardio Tech)	0	2	2	4H0X1	0	0	0	0	-200%
4A0X1 (Admin)	0	3	3	4A0X1	0	3	0	3	100%
41A3 (Admin)	1	0	1	41A3	1	0	0	1	100%
Total Support Staff	6	9	15	Total	6	11	2	19	127%

*As a result of the Balad sustainment tasking, we have a minimum 3 Anesthesiologists & 4 CRNA deployed at all times. This number doubled during overlap periods (Sep 2004, Jan 2005)

Anesthesiology Manpower and Staffing (con't)

- Anesthesia Subspecialists (military):
Col Robert Medell – Neuroanesthesia
Major Daniel Roke – Pediatric Anesthesia
Major Steven Venticinque – Critical Care
Capt Jeff Barr – Pain Medicine
- Anesthesia Subspecialists (civilian):
Lon Fry – Pediatric Anesthesia
Jerry Beyer – Cardiothoracic Anesthesia
Thomas Edell – Pain Medicine
Dimitar Dentchev - Neuroanesthesia

Anesthesiology Manpower and Staffing (Con't)

- How does MAPPG 06 change authorizations?
 - Anesthesiologists reduced by 3
 - CRNAs reduced by 7
 - Support staff reduced by 2
- Resource Sharing Agreements and Contractors
 - RSA
 - Anesthesiologists: 5
 - CRNAs: 7 (only 6 positions currently filled)
 - Techs: 2
 - Contractors
 - Anesthesiologists: 4
 - CRNAs: 2 (added end of FY04 - contractor currently in hiring process)

Anesthesiology Manpower and Staffing (Con't)

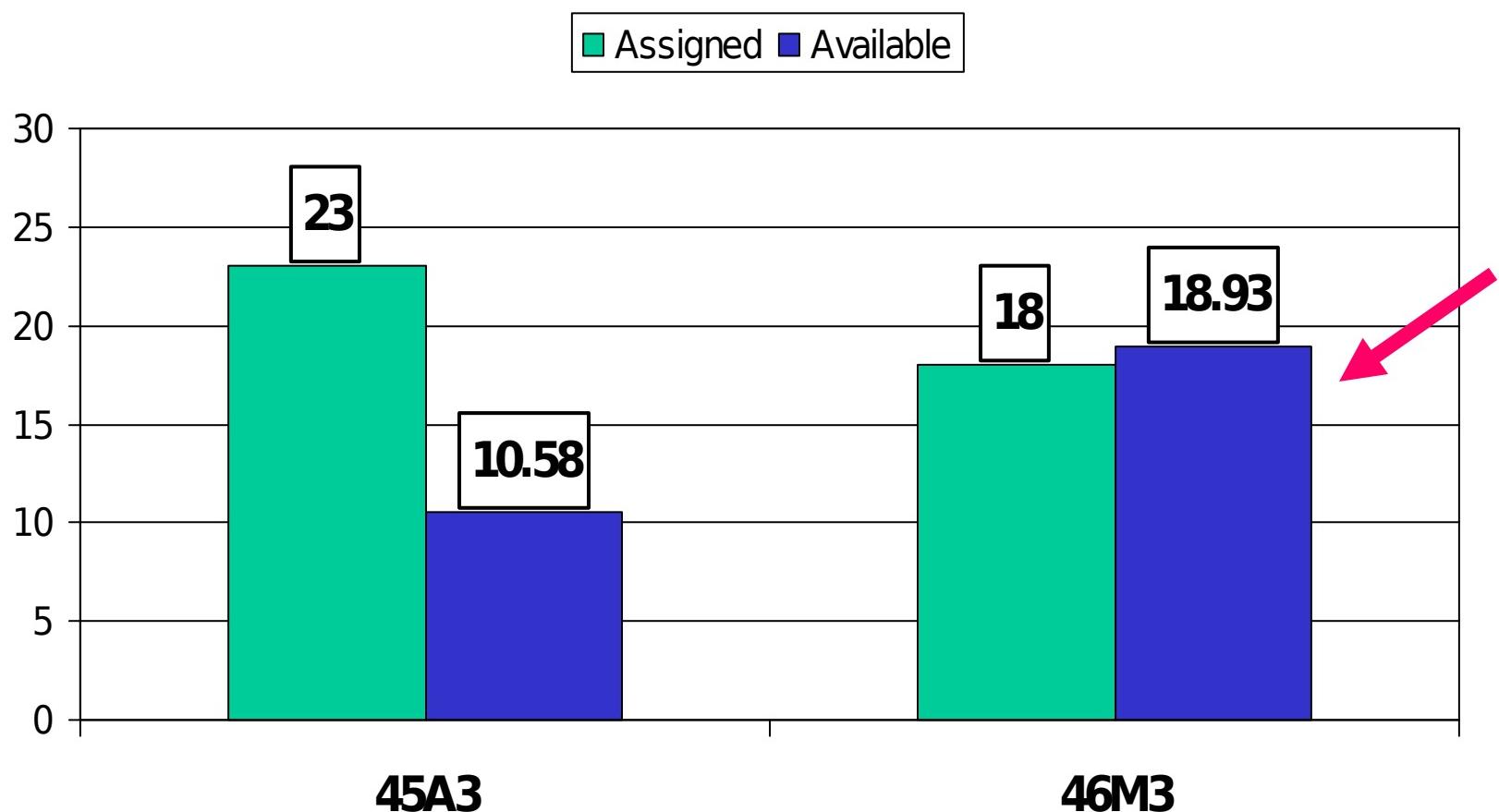
MAPPG 06 Authorization Changes

Providers	MIL	GS	K & RSA	Total	AFSC	MIL	GS	K	Total	DELTA
45A3 (Anesthesiologists)	22	0	9	31	45A3	17	0	11	28	(3.00)
46M3 (CRNAs)	17	0	7	24	46M3	10	0	7	17	(7.00)
Other	0	0	0	0	Other	0	0	0	0	0.00
Total Providers	39	0	16	55	Total	27	0	18	45	(10.00)
	AUTHORIZED CURRENT UMD				MAPPG 06					
Support Staff	MIL	GS	K & RSA	Total	AFSC	MIL	GS	K	Total	
46N3 (RN)	0	0	0	0	46N3	0	0	0	0	0.00
4N0X1 (Med Tech)	5	4	2	11	4N0X1	0	0	0	0	(11.00)
4N1X1 (Surg Tech)	0	0	0	0	4N1X1	9	2	0	11	11.00
4H0X1 (Cardio Tech)	0	2	0	2	4H0X1	0	0	0	0	(2.00)
4A0X1 (Admin)	0	3	0	3	4A0X1	0	0	0	0	(3.00)
41A3 (Admin)	1	0	0	1	41A3	0	0	0	0	(1.00)
Total Support Staff	6	9	2	17	Total	9	2	0	11	(6.00)
GRAND TOTAL	45	9	18	72		36	2	18	56	(16.00)

Anesthesiology Manpower and Staffing (Con't)

- AFMS Staffing Outlook:
 - Currently, 54 of 85 active duty anesthesiologists billets filled service-wide or 63%
 - 61 anesthesiologists projected to be on active duty summer 2005
 - Only 1 HPSP anesthesiologist in the last 10 years has stayed beyond required commitment

Anesthesia Monthly Reported Available FTEs Avg FY04

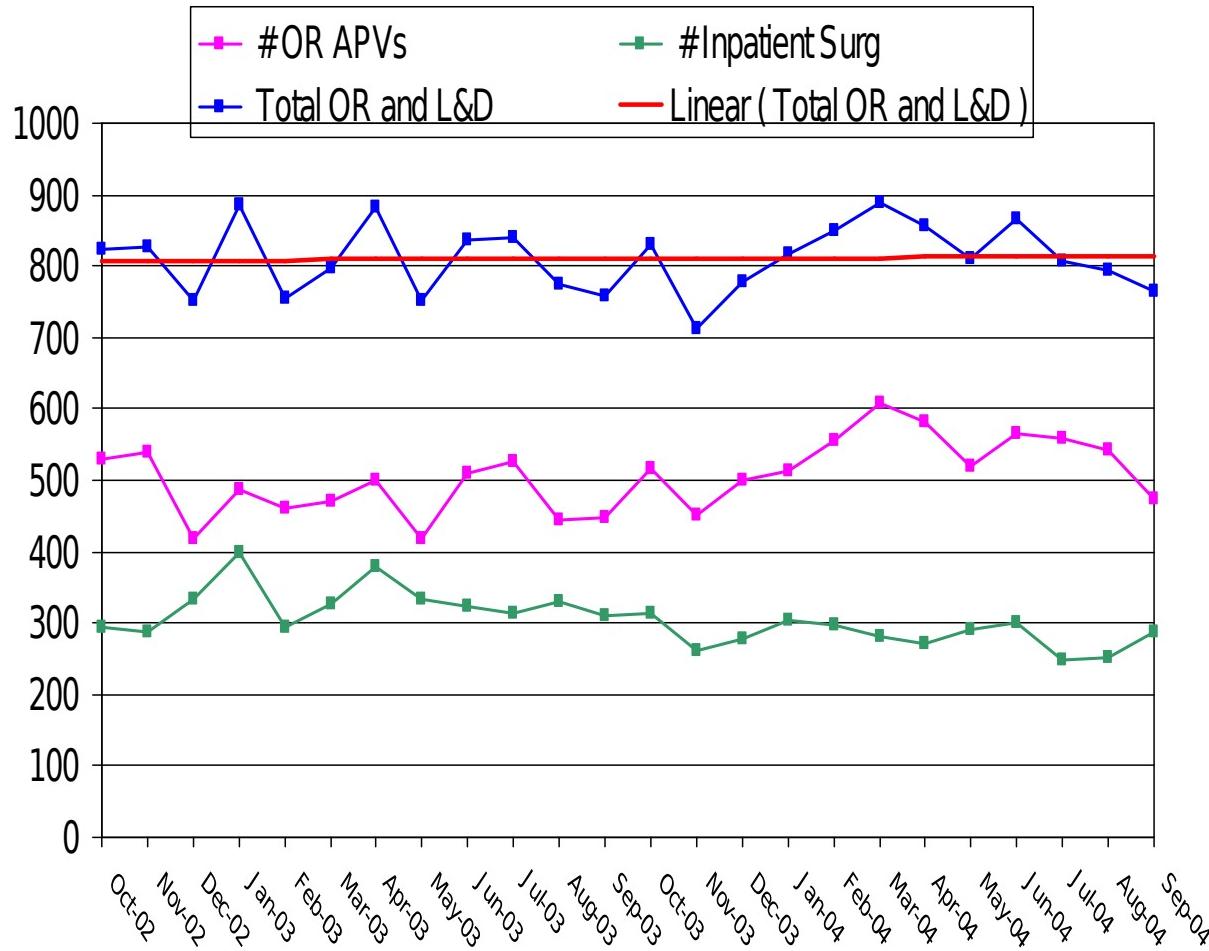


Anesthesia Mobility and Other Deployments

- Physician & CRNA Deployments (SGX Database)
 - FY03: 5 MDs/1 CRNA = 650 days
- MD FY04 Taskings in Turtle Model: 2,410 days at risk *
 - CCATT (sub): 1,440 risk days/year
 - Mob Field Surg Team: 2 FTEs per pair=720 days
 - Med Surg Exp Pkg: 1 / 2 and 5 / 6 in FY05: 2 FTEs = 250
 - Thoracic Vascular Team: 1 in 9 / 10 = 120 days in FY06
- CRNA FY04 Taskings in Turtle Model: 600 days at risk
 - EMEDS: 1 per pair = 3 FTEs = 350 days
 - Med Surg Exp Pkg: 1 / 2 and 5 / 6 in FY05: 2 FTEs = 240
- Actual FY04/FY05
 - 1 / 2: 2 MDs and 4 CRNAs
 - 3 / 4: 3 MDs and 4 CRNAs

* Not counting transition days

Anesthesia Surgeries and OR/APVs Oct 02 - Sep 04

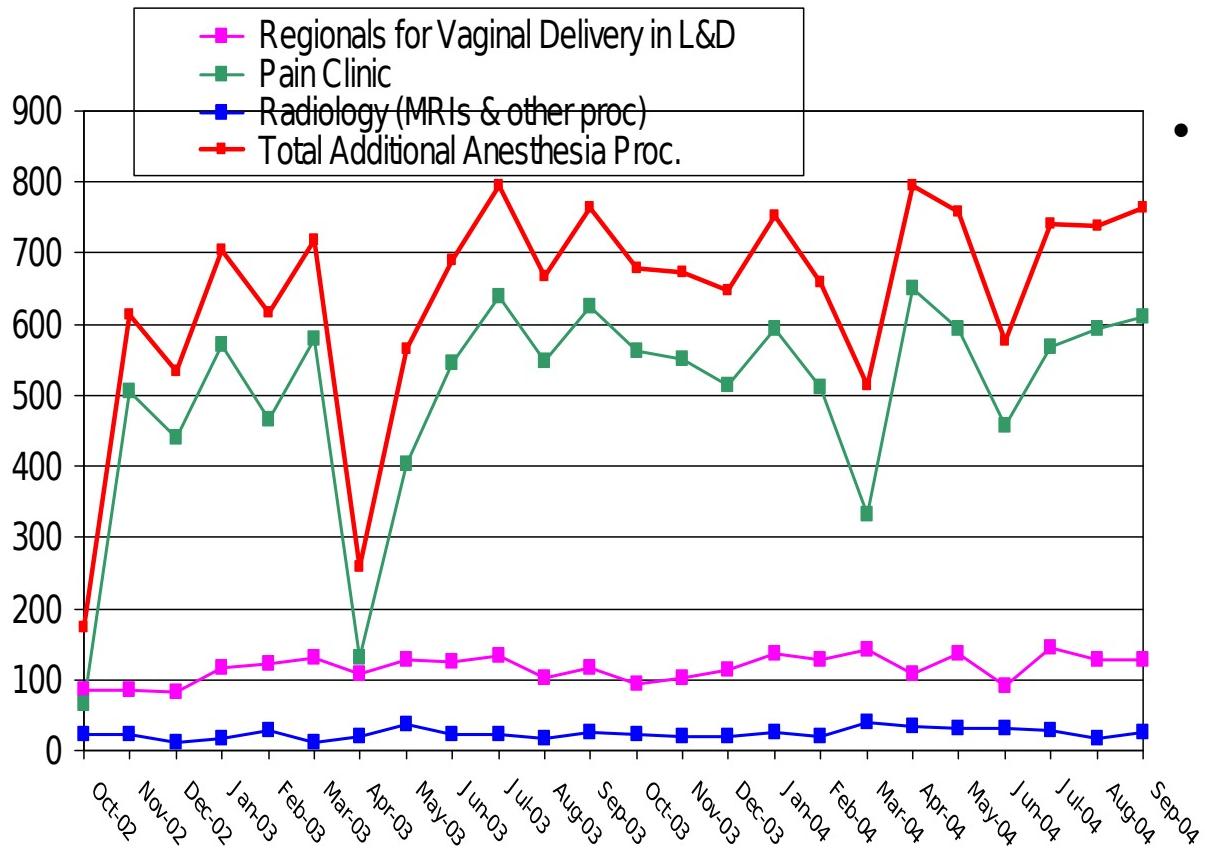


- Distribution (OR/APV to Surg)
 - FY03: 59%/41%
 - FY04: 65%/35%
- Avg # Surgeries/mo
 - FY03: 328/mo
 - FY04: 282/mo (down 14%)
- Avg # OR/APVs/mo
 - FY03: 479/mo
 - FY04: 532/mo (up 11%)

- Overall, the FY04 number of Anesthesia OR cases increased from 807/mo in FY03 to 814/mo in FY04 or +1%

Anesthesia

Other Anesthesia Oct 02 - Sep 04

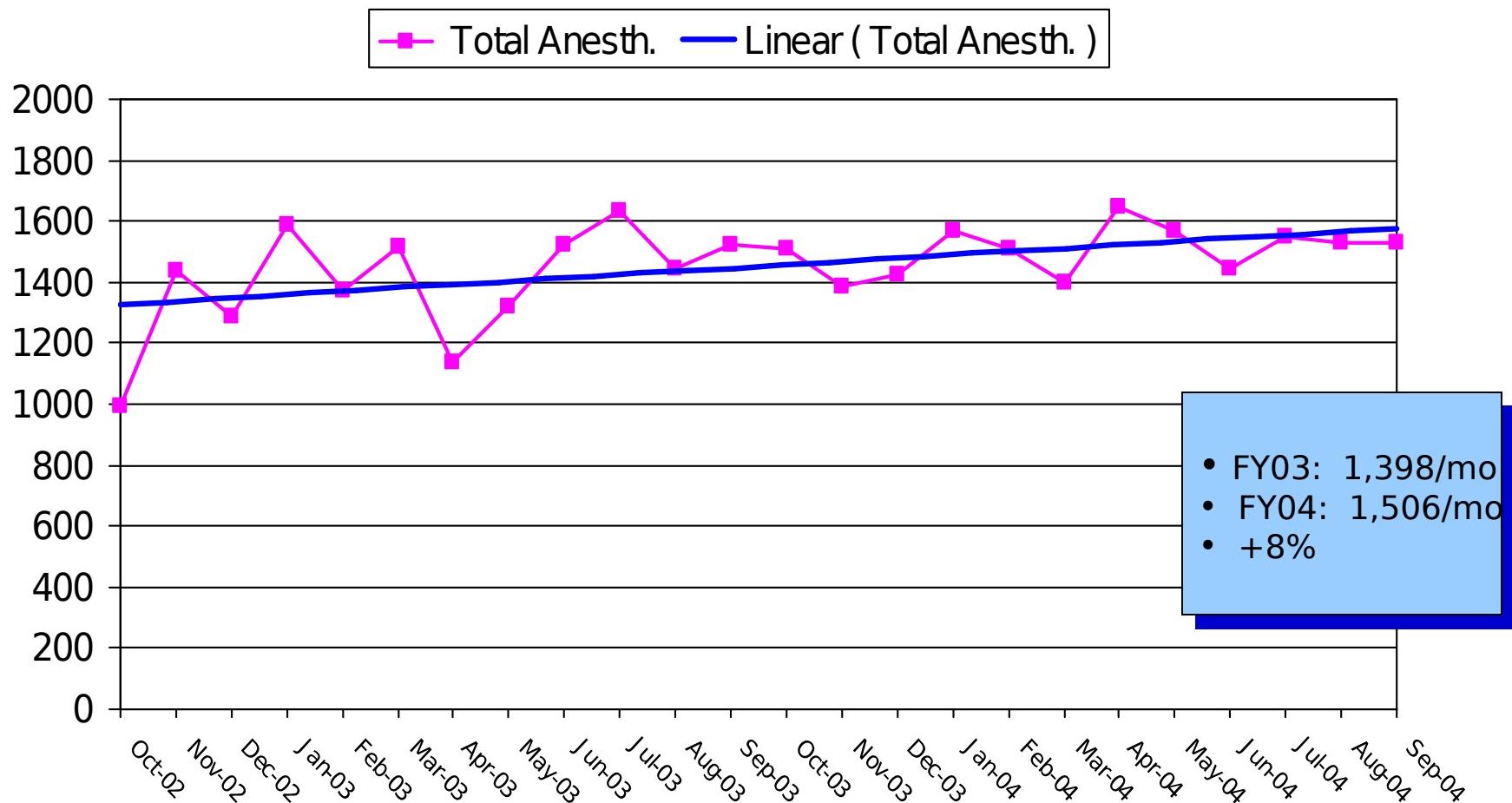


- Avg # /mo (FY03 vs FY04)
 - Regionals for Vaginal Delivery
 - 111 up to 121 or +9%
 - Pain Clinic
 - 460 to 544 or +18%
 - Radiology Spt
 - 21 to 26 or+23%

- Overall, anesthesia supported +17% additional procedures (592/mo up to 692/mo)

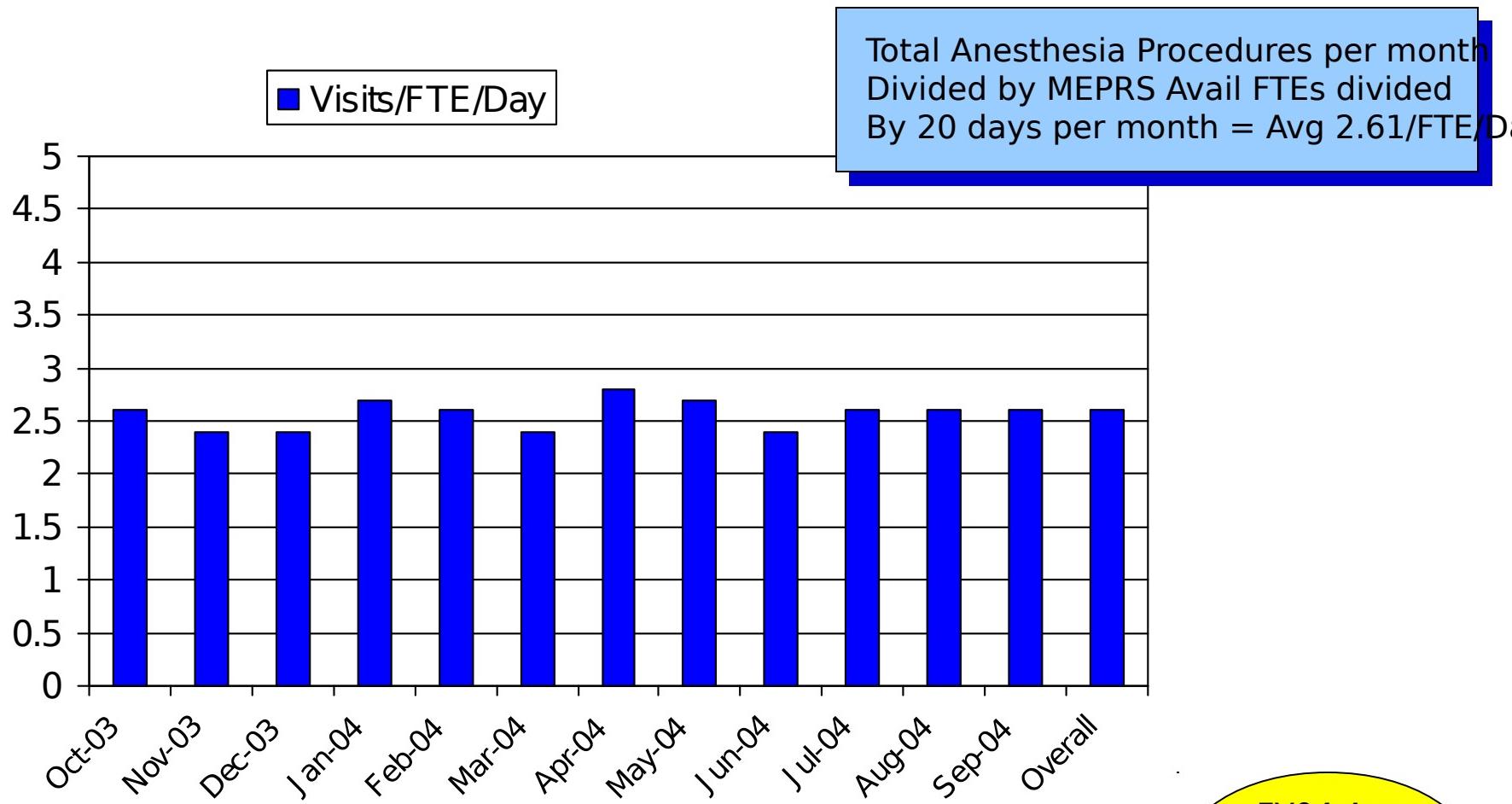
Anesthesia

Overall Anesthesia Procedures & Spt



Anesthesia

FY04 Procedures/FTE*/Day

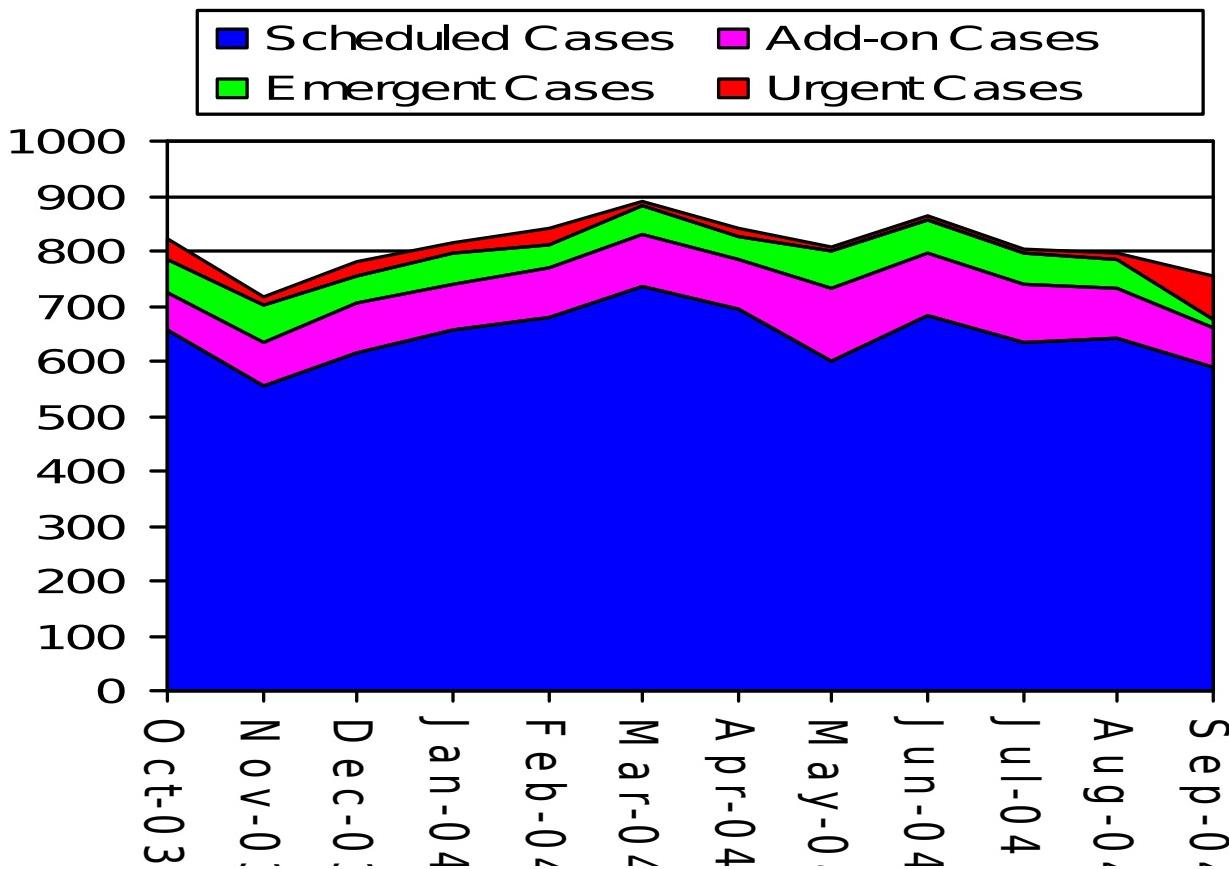


Total Anesthesia Procedures per month
Divided by MEPRS Avail FTEs divided
By 20 days per month = Avg 2.61/FTE/Day

FY04 Avg
MEPRS Avail:
45A3: 10.58
46M3: 18.93

Anesthesia

FY04 Total OR Cases

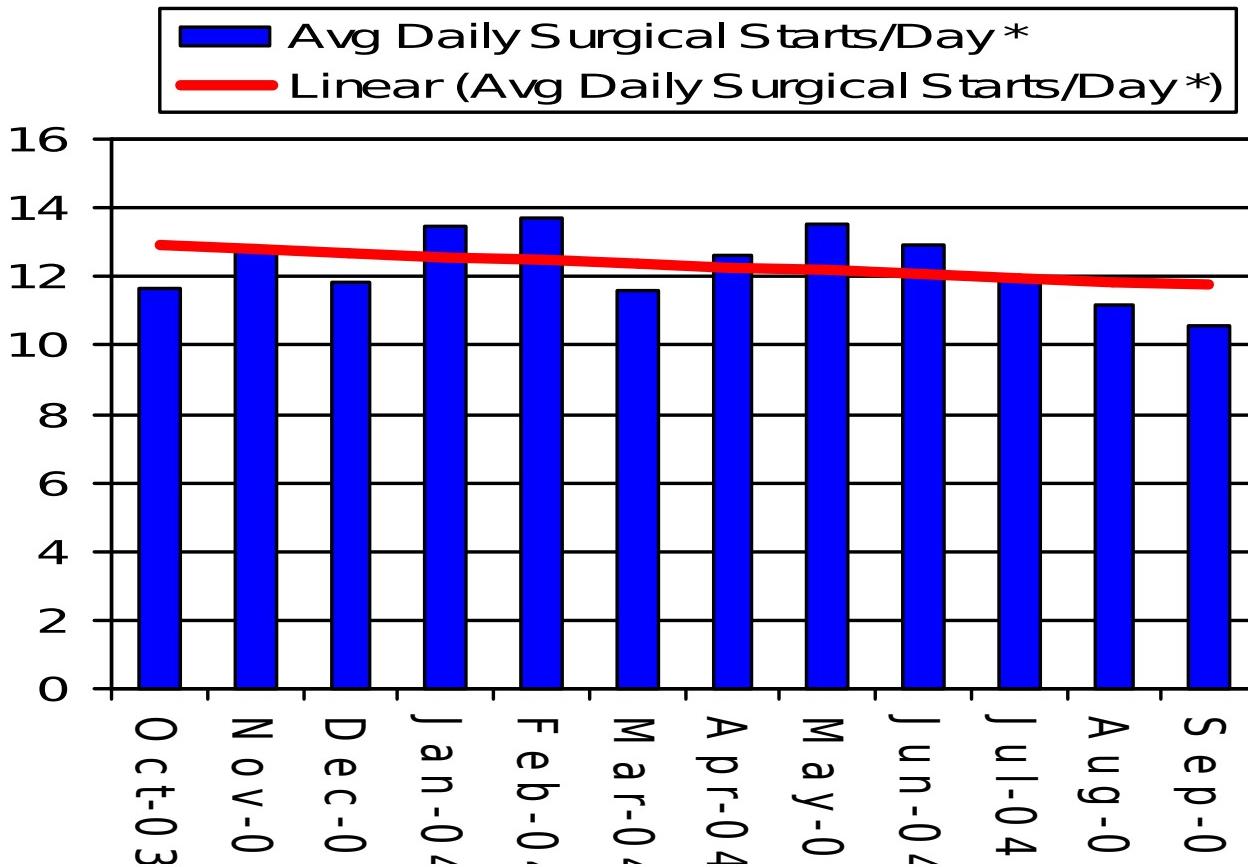


- FY04 Avg = 811 Cases per Month
 - 80% Scheduled
 - 11% Add-on
 - 9% Urgent or Emergent

Overall trend is Up slightly in FY04

Anesthesia

FY04 Surgical Starts/Day

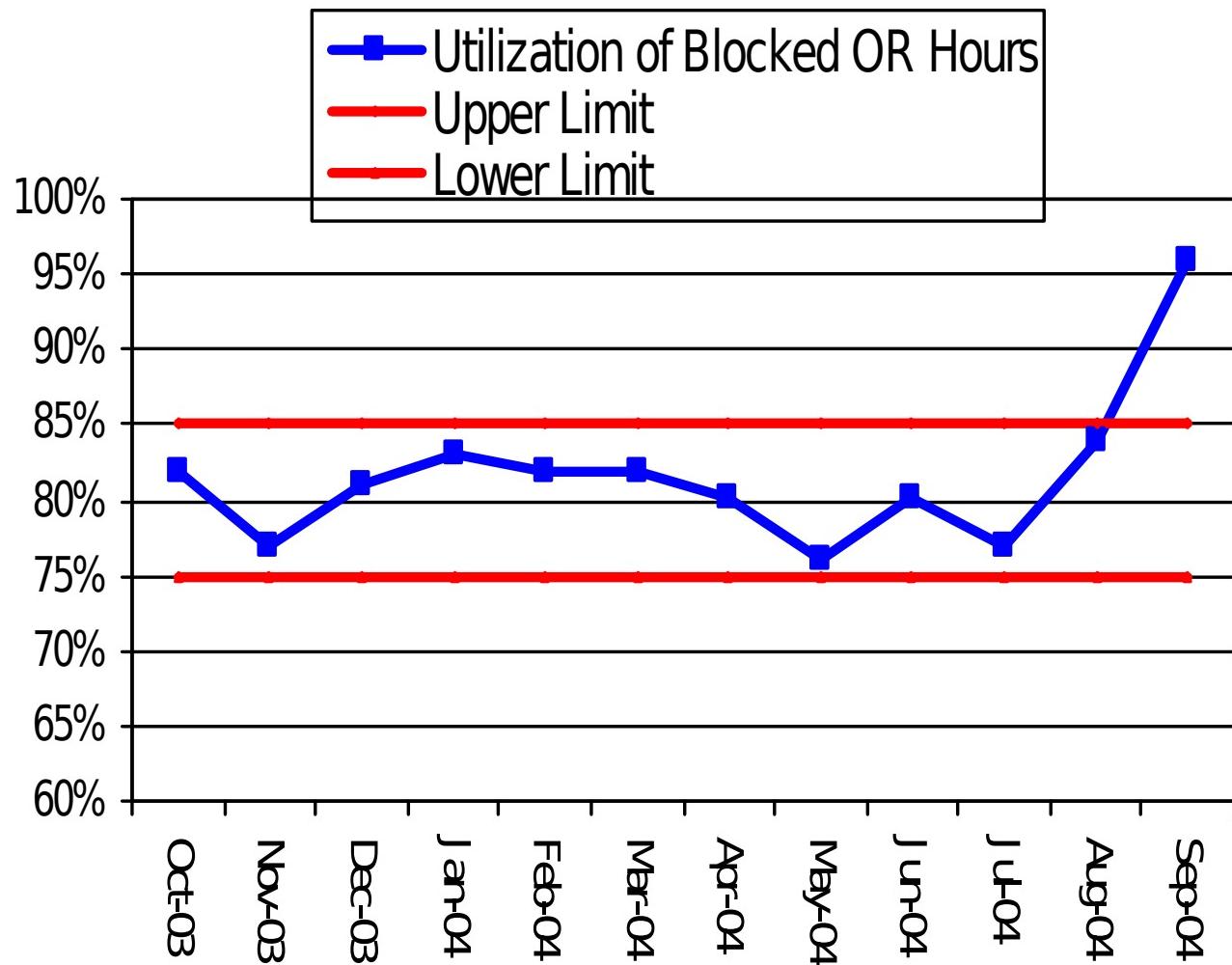


* Total Monthly Surgical Starts divided by "OR Days Available"

FY04 Avg is
12 starts/day

Anesthesia

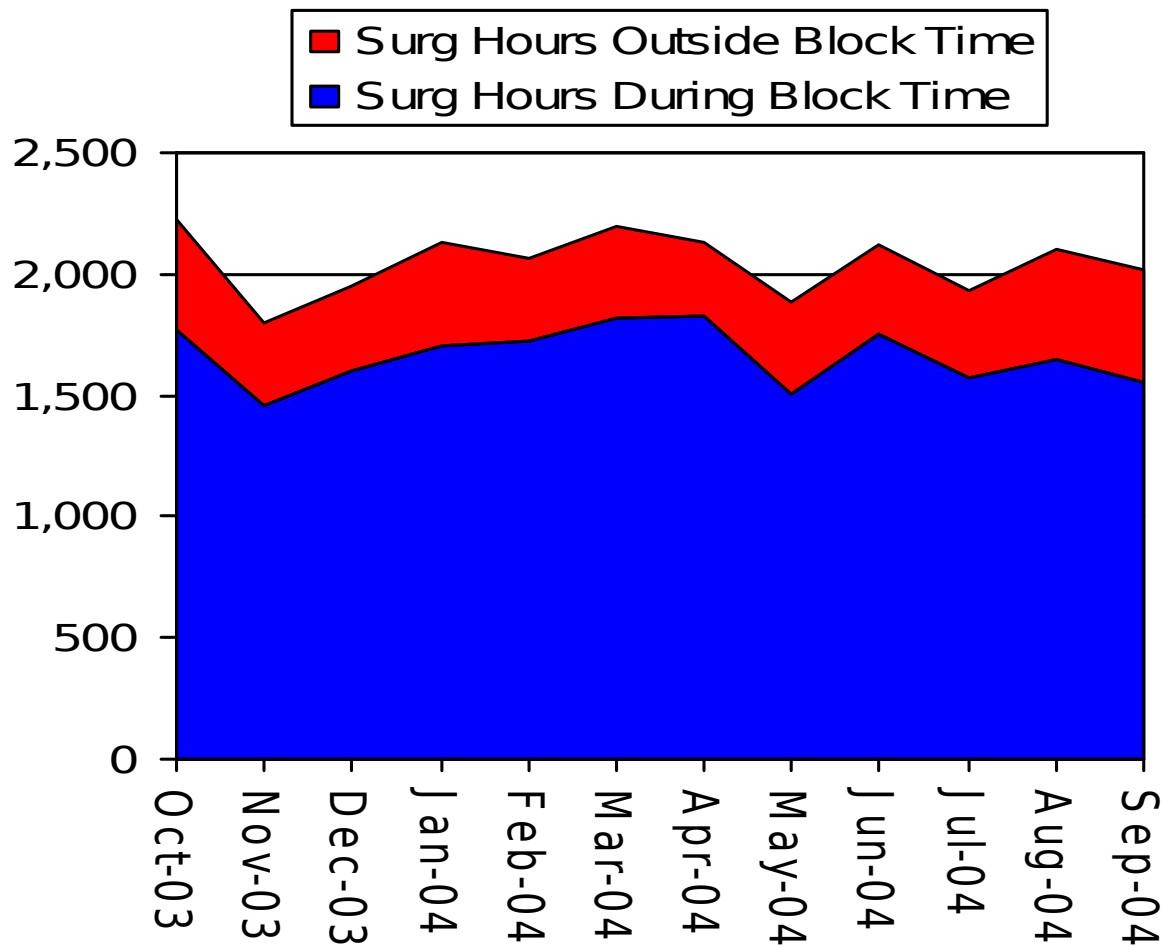
FY04 OR Utilization of Block Time



Per Current OR Utilization Literature,
Over 85% utilization
Stresses resources;
Under 75% means
OR not fully utilized

Anesthesia

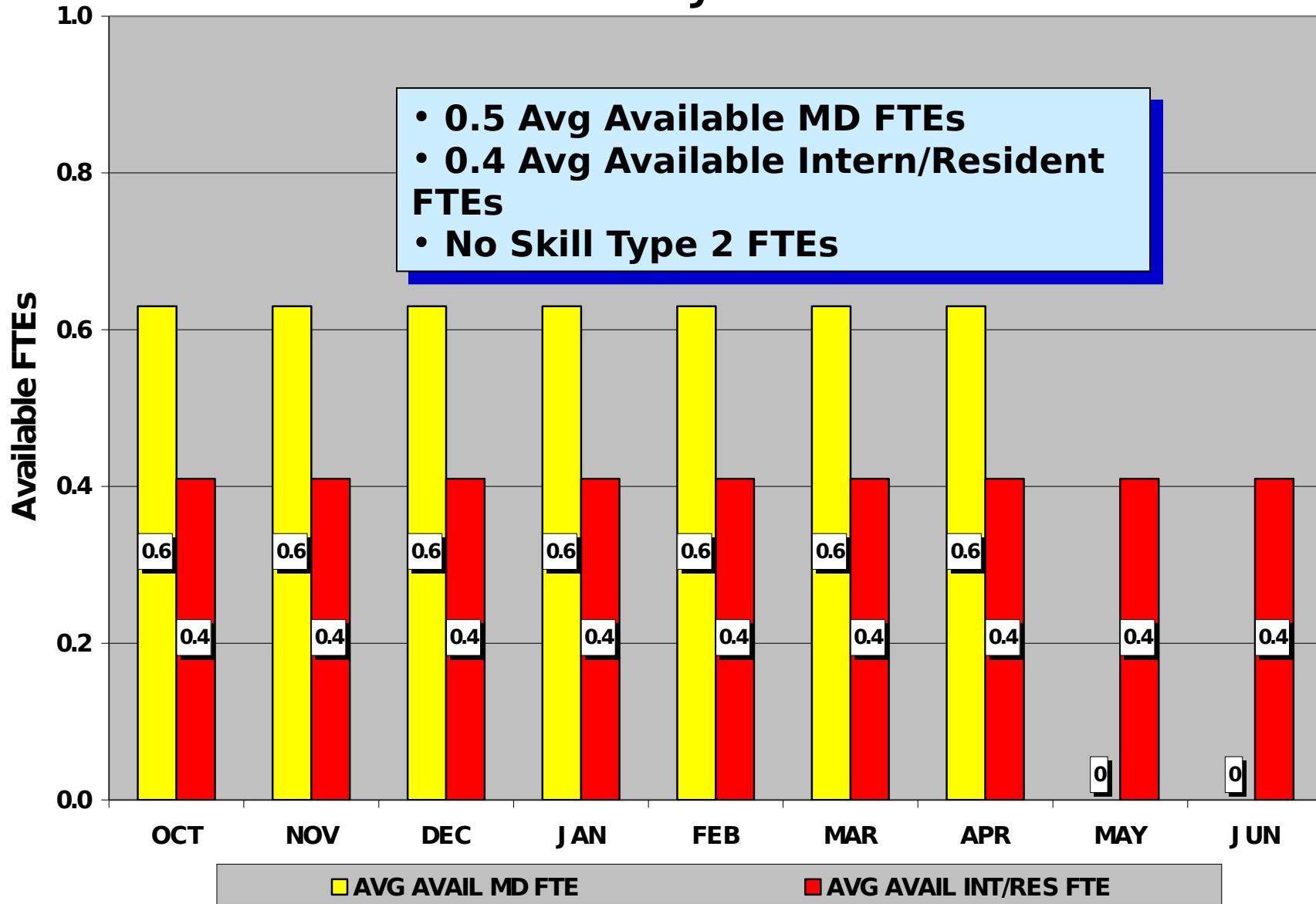
FY04 Surgical Hours



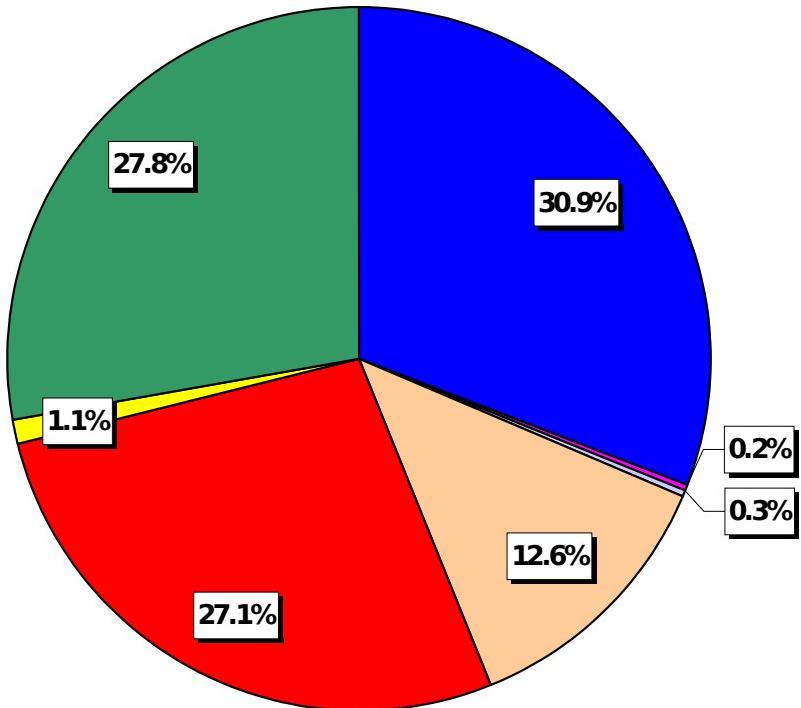
- 2,064 surg hours/mo on average in FY04
- 80% of total surgical Hours is within scheduled Block time
- Most of outside block time Surgery is done by AD

Pain Management Reported Available FTEs

Oct 03 – Jun 04



Pain Management Direct Care Outpatient Users By Patient Category Oct 03 - Jun 03



■ ACTIVE DUTY	■ CIVILIAN EMERGENCY
■ DOD DESIGNEE	■ FAM MBR OF ACTIVE DUTY
■ FAM MBR OF RETIRED	■ OTHER
■ RETIRED	

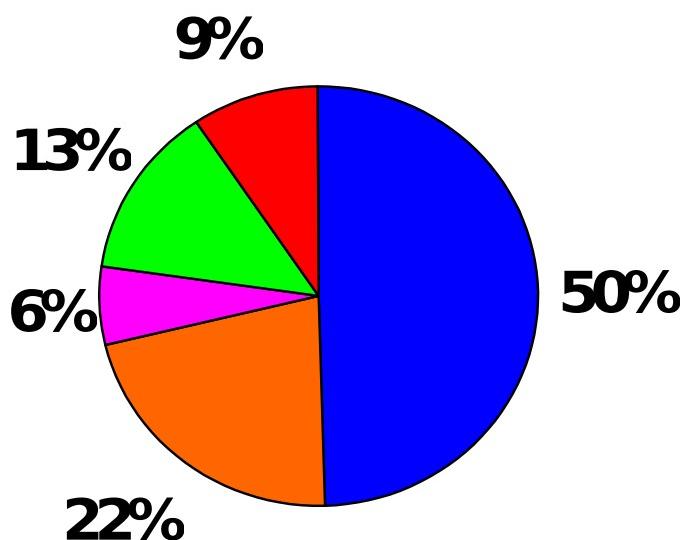
PATIENT CATEGORY	#USERS
ACTIVE DUTY	201
CIVILIAN EMERGENCY	1
DOD DESIGNEE	2
FAM MBR OF ACTIVE DUTY	82
FAM MBR OF RETIRED	176
OTHER	7
RETIRED	181
VA	0
TOTAL	650

- 54% of Pain Management patients are retirees and retirees' family members

Pain Management Direct Care RVU Workload

By Enrollment Category Oct 03 – Jun 04

■ PRIME WHMC	■ PRIME SAMM
■ PRIME Other	■ Plus
■ Space-A	

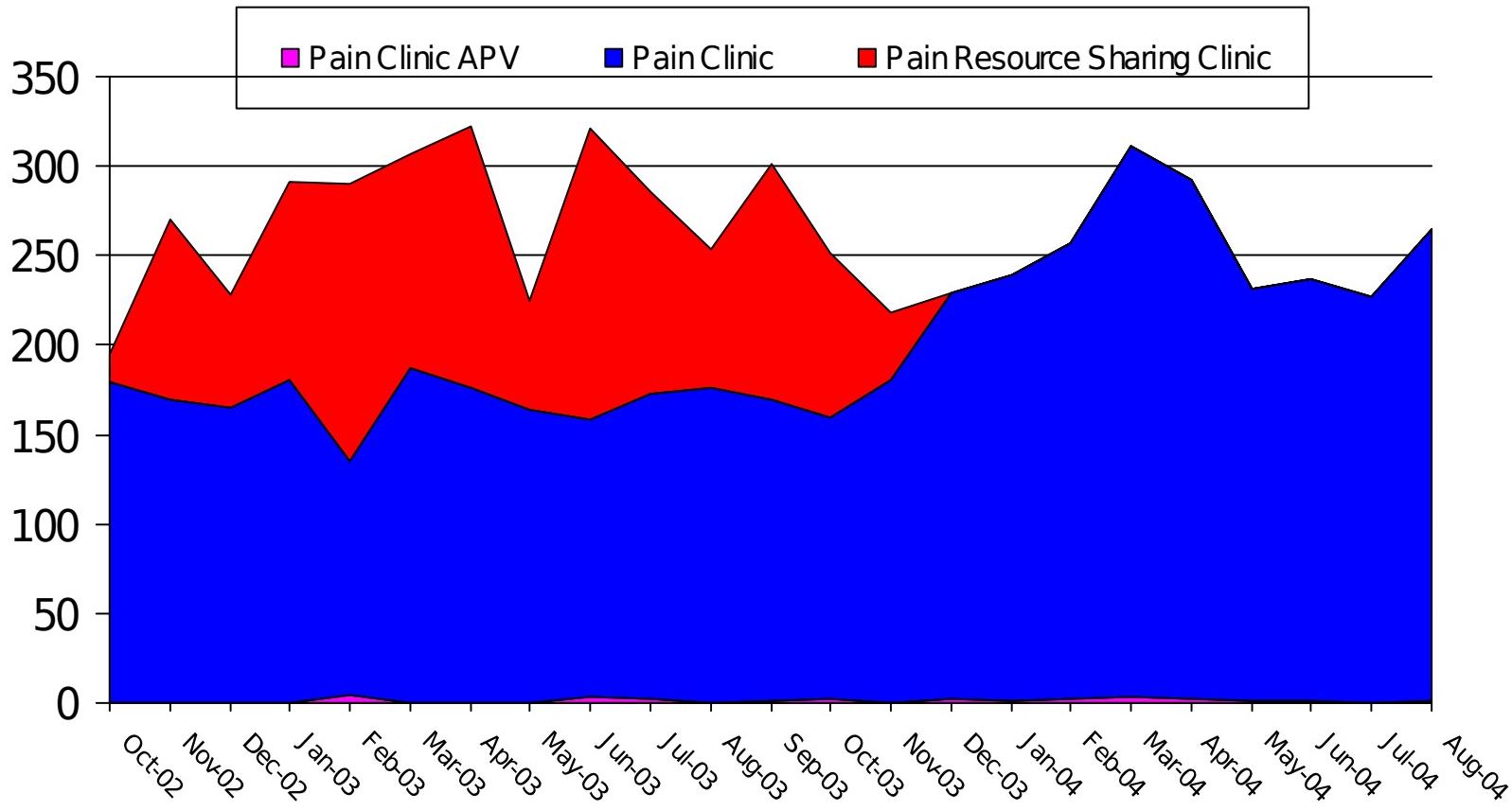


- SAMM = SA Market (BAMC, RAFB, BAFB)
- Other = Prime enrolled to other direct care MTFs not in SA

- 78% of RVUs are generated by PRIME patients under age 65

Anesthesia (Pain Mgt)

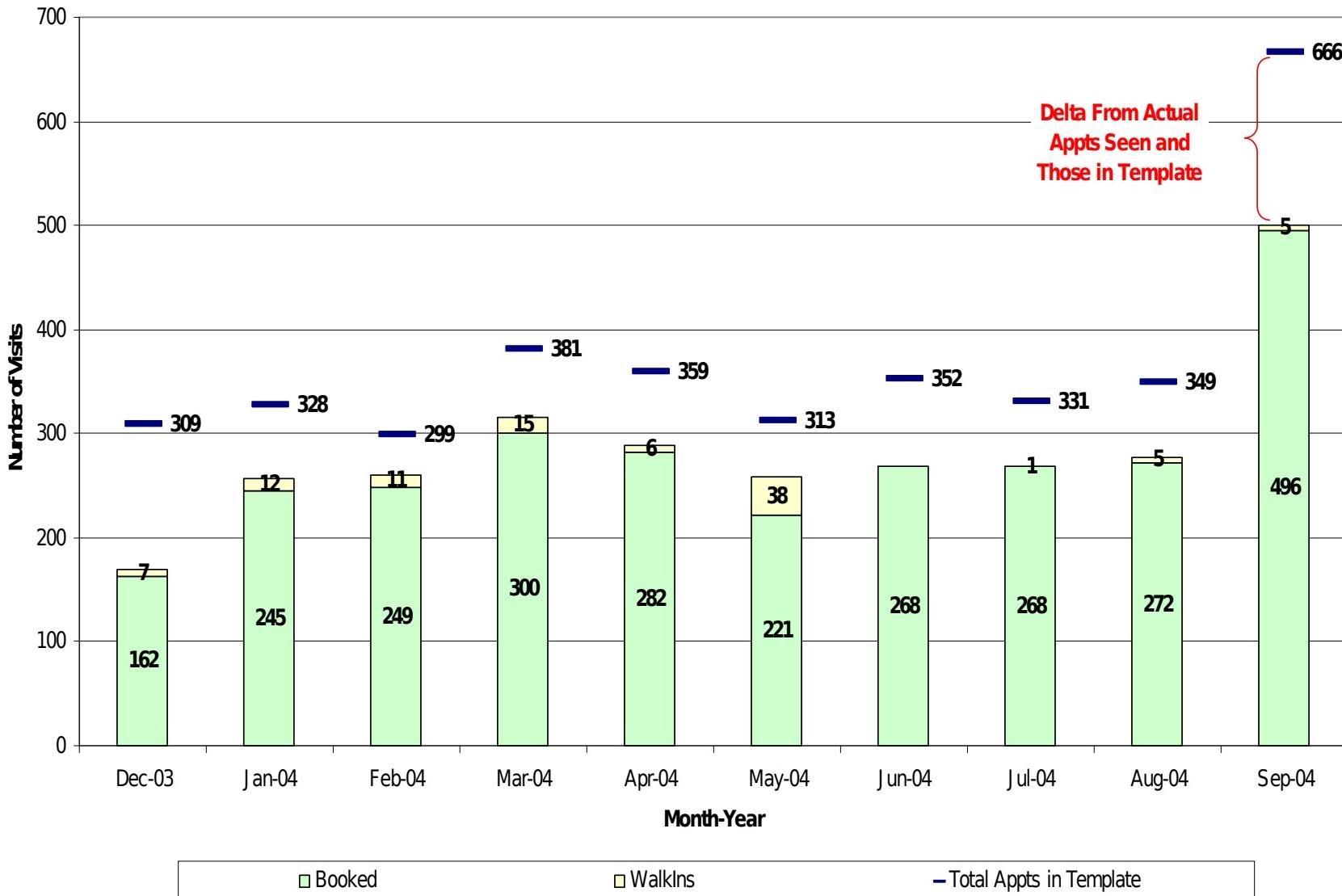
Total OP Visits Oct 02-Jun 04



- Pain RSA deleted Nov 03
- Overall visits down 8% in FY04
- FY03 Avg: 274/mo vs. 251/mo

Anesthesia

Pain Management Templates (Dec 03 – Sep 04)



Anesthesia and Subs Template Summary

	Dec-03	Jan-04	Feb-04	Mar-04	Apr-04	May-04	Jun-04	Jul-04	Aug-04	Sep-04	Average
Templated	309	329	299	381	359	313	352	331	349	666	369
Booked	162	245	249	300	282	221	268	268	272	496	276
% Booked	52%	74%	83%	79%	79%	71%	76%	81%	78%	74%	75%
#WI	7	12	11	15	6	38	0	1	5	5	10
% WI	4%	5%	4%	5%	2%	15%	0%	0%	2%	1%	3%
Total Seen	169	257	260	315	288	259	268	269	277	501	286
% Seen	55%	78%	87%	83%	80%	83%	76%	81%	79%	75%	78%

Overall, 3% of Pain Mgt patients are walk-ins

Anesthesia (Pain Management)

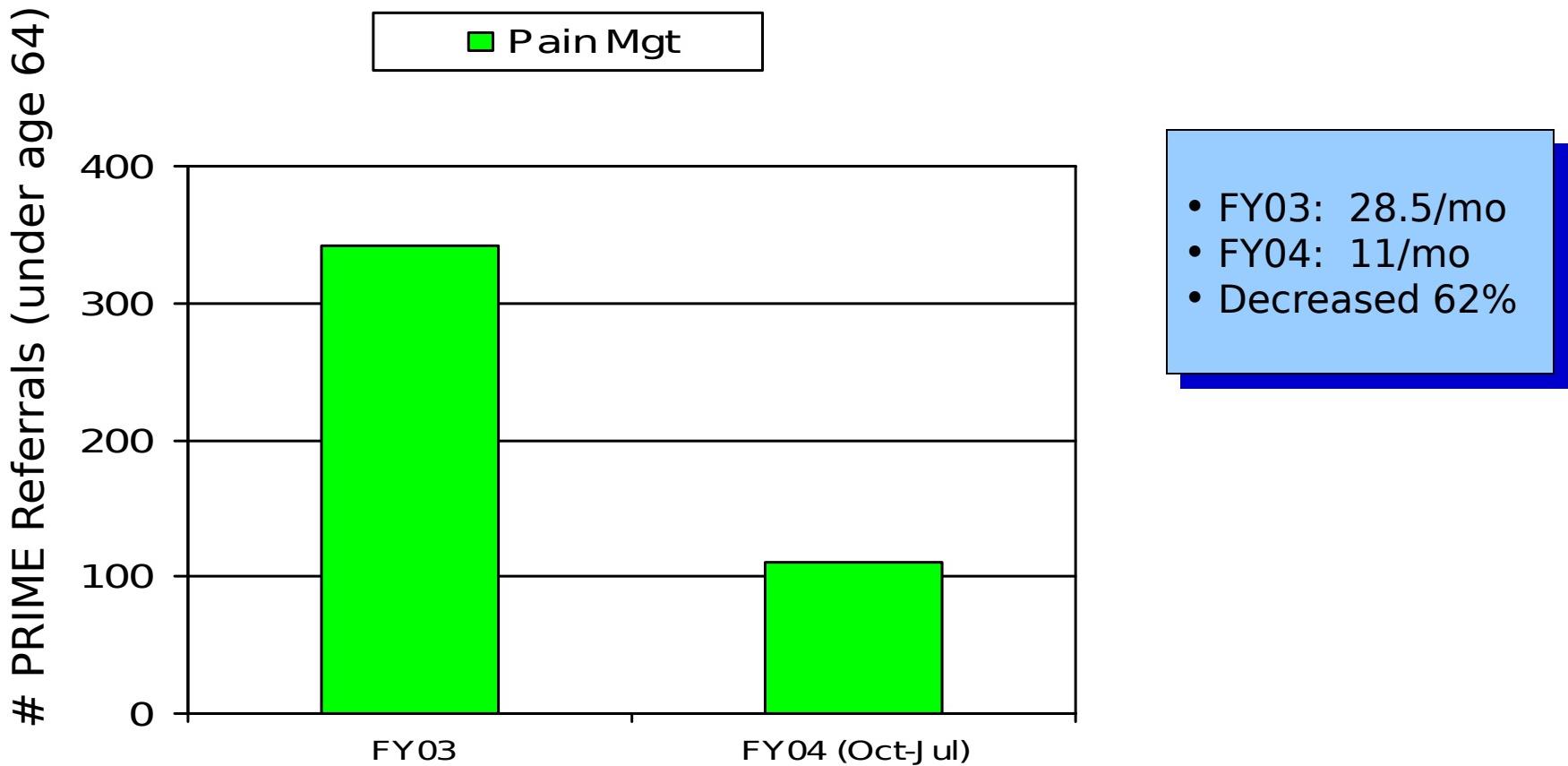
Access to Care

- Standard for Access to Specialty Appointments: 28 days
 - Pain Management
 - Met: 85%
 - Avg Wait Time: 14.7 days

• Pain Mgt is **meeting standard** for routine access to specialty care

Anesthesia (Pain Mgt)

PRIME Containment & Referrals (OP)



Anesthesia (Pain Mgt)

Market Share

Outpatient

Category	FY03	FY04 To Date
AD	\$ 5,492	\$ 9,561
BAMC Prime	\$ 95,764	\$ 130,209
WHMC Prime	\$ 118,683	\$ 55,833
Other MTFs	\$ 83,226	\$ 63,878
Network PRIME	\$ 55,368	\$ 62,104
Standard < 65	\$ 81,267	\$ 56,376
Total < 65	\$ 439,800	\$ 377,961

- WHMC and BAMC have approximately **53%** of the pain management market share (FY03 Data)
 - WHMC CMAC: \$268K
 - BAMC CMAC: \$231K
 - PSC: \$440K

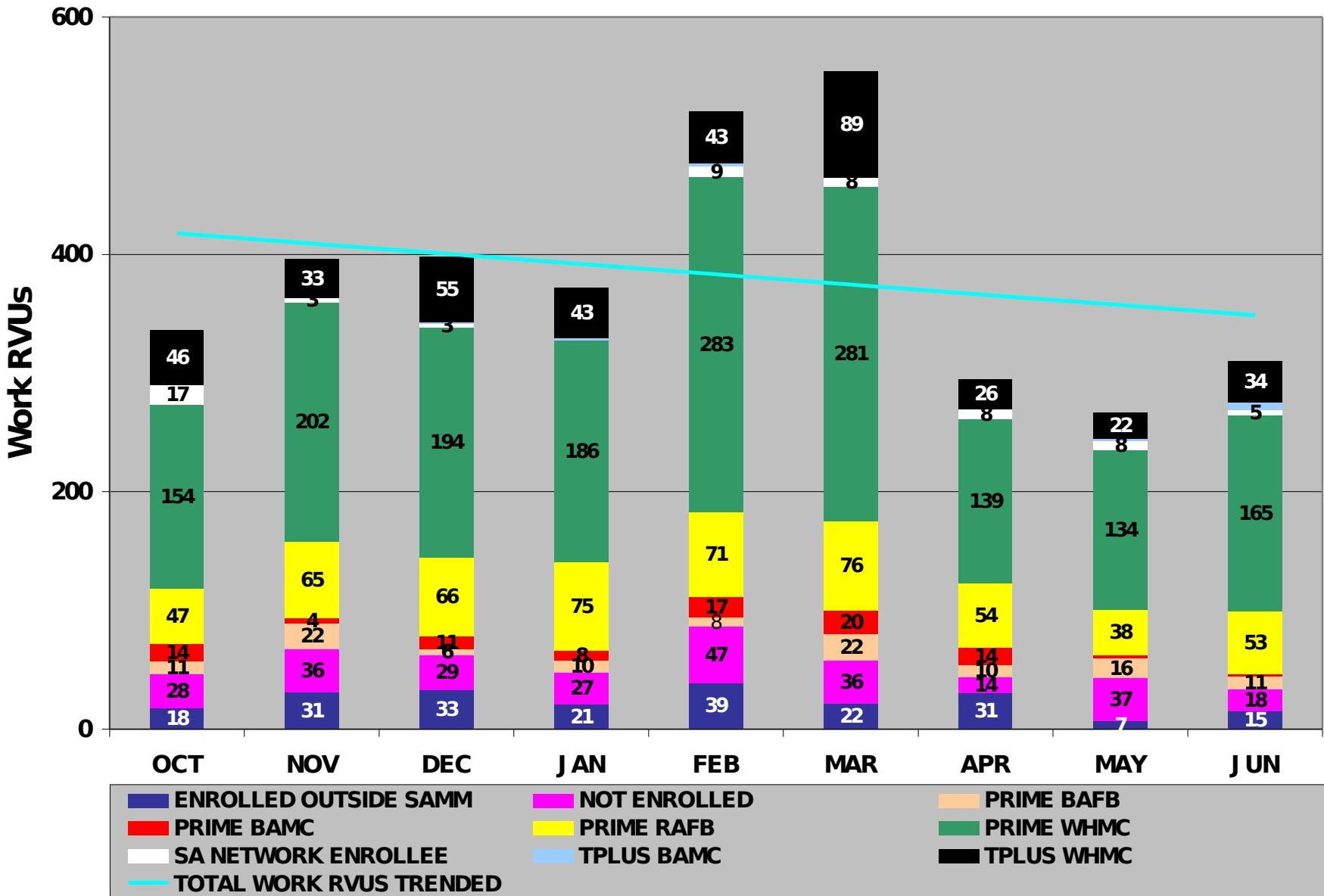
Anesthesia (Pain Mgt) Coding Analysis

- Data Quality* (Goal: 90% or more)
 - Pain Management
 - ICD9: 61%
 - CPT: 68%
 - E&M: 74%

- May 04 Audit
- Not meeting AFMSA Standard

Pain Management Direct Outpatient Care

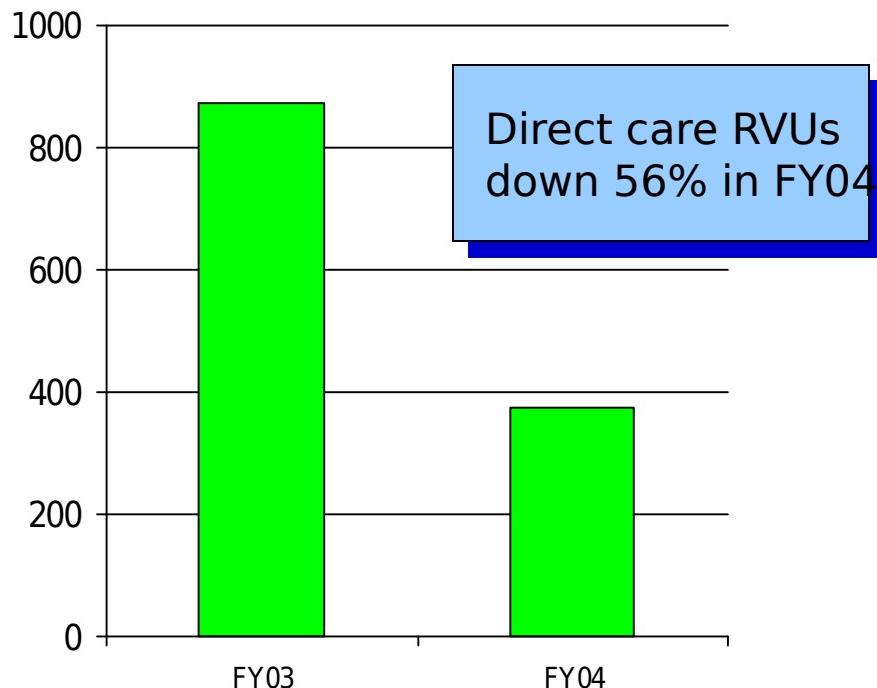
Work RVUs Oct 04 - Jun 04



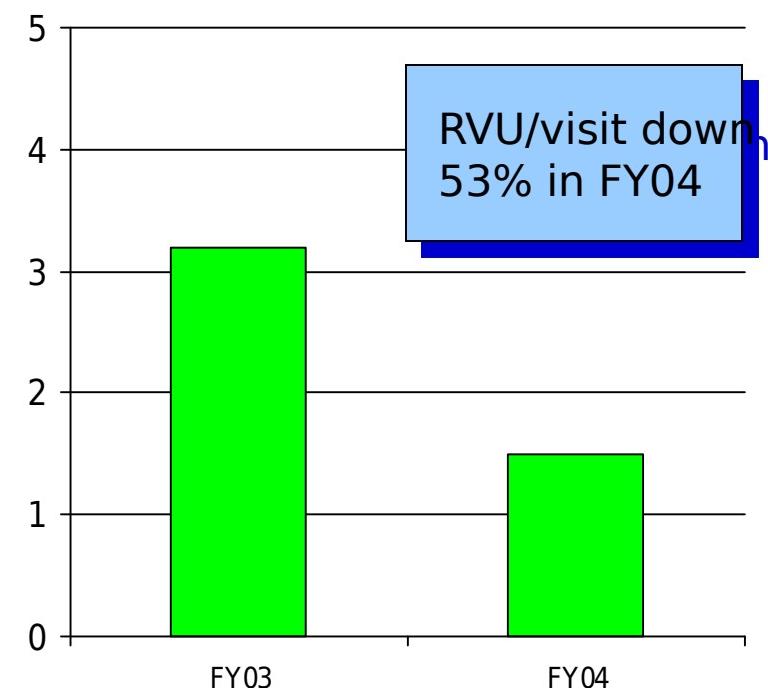
Anesthesia (Pain Mgt)

RVU/Month and RVU/Visit

■ Avg Monthly RVUs



■ RVU/Visit



Anesthesia

Business Plan Performance Oct-Jun 04

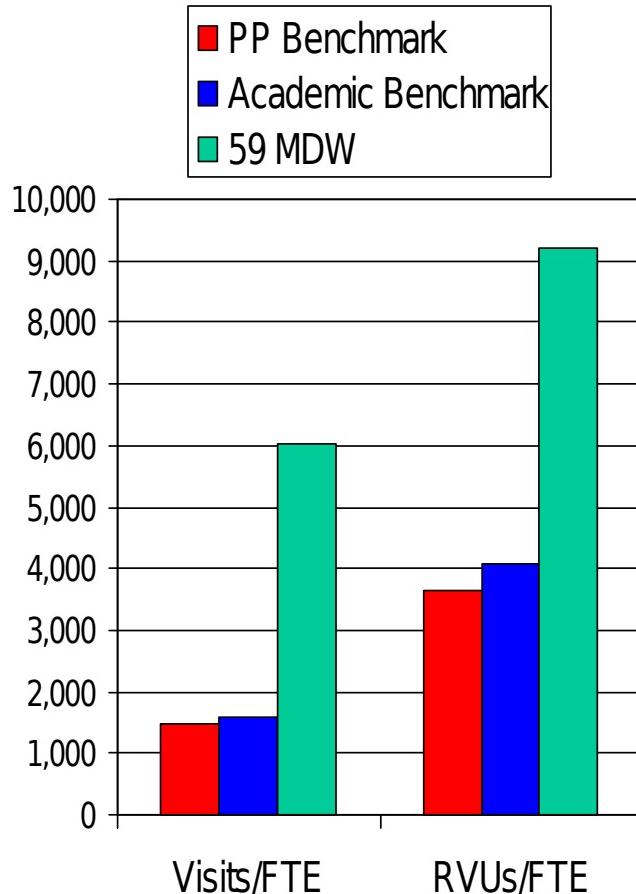
RVUs	FY02	FY04	Diff.	\$ Implications
IHC	1,645	1,739	94	\$ (6,951)
ODC	167	30	(137)	\$ 10,122
Total PRIME	1,811	1,769	(43)	\$ 3,172
FFS OE	826	970	144	\$ 10,692
FFS SA	393	334	(59)	\$ (4,356)
FFS Plus	672	406	(266)	\$ (19,687)
Total FFS	1,890	1,710	(180)	\$ (13,351)

PRIME: +\$3.2K
 FFS: -\$13.4K
 Overall: -\$10.2K

Does not include
 PSC RVUs

Anesthesia

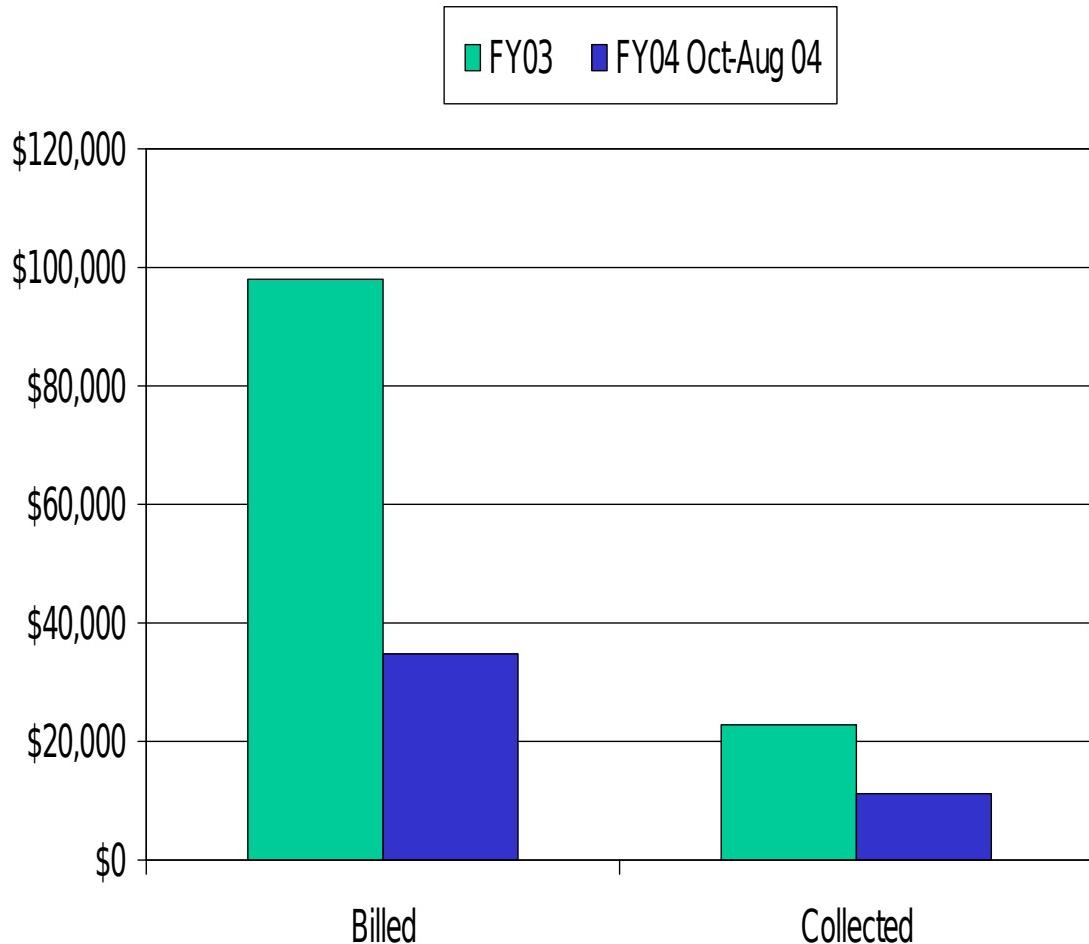
Benchmark Comparison per FTE



	MEPRS Avail
#FTEs	0.5
Proj FY04 Visits*	3,008
Proj FY04 Visits/FTE	6,016
Academic Benchmark (visits/FTE)	1,594
% Compared to Acad. Benchmark	377%
FY04 RVUs (Proj)	4,596
RVU/Visit	1.53
RVU/FTE	9,192
Academic Benchmark (RVI/FTE)	4,065
% Compared to Acad. Benchmark	226%

- Avail FTEs in MEPRS may be low based on CHCS extract of providers in clinic

Anesthesia (Pain Management) Reimbursements FY03 vs. FY04



- Bill to Collection Ratio
 - FY03: 0.23
 - FY04: 0.32
- Billing Rate
 - FY03: \$8.2K/mo
 - FY04: \$2.1K/mo
 - (down 75%)

 \$46K collected
As of 31 Aug 04

Anesthesia (Pain Mgt) Customer Satisfaction

- DoD Customer Satisfaction Survey

Pain Management	FY02	FY03	FY04
Overall Satisfaction	100.0%	33%	100.00%
Satisfaction with Medical Care	100.0%	100%	100%

Pain Mgt Customer Satisfaction higher
than overall 59 MDW Average

Anesthesia Stoplights

Area Reviewed	
Health of GME Program	
Manpower/Staffing	
Access to Care (Specialty Care)	
Use of Tempered Appointments	
Workload Trend over Time	
Referrals	
Market Share	

Area Reviewed	
OR Starts and Utilization	
Data Quality	
Pain Mgt vs. Benchmarks	
Direct Care RVUs	
BP Performance Oct-Jun 04	
BP Performance (FY05)	
Customer Satisfaction	

Anesthesiology Unit Initiatives

- Initiatives
 - Coordinated with Plastic Surgery to gain more patient care area for Pain Clinic
 - Increased new patient appointments threefold
 - Permanent GS position for over-hire RN in Pain Clinic
 - Long term: proposal for PCM team maintenance of patients on stable narcotic regimens

Anesthesia

Next Steps

- Step 2
 - Follow-up: 23 Nov at 1430 (tentative)
- Step 3
 - Projected WHMC/BAMC Brief: Dec 04



*I n t e g r i t y - S e r v i c e - E x c e l l e n
c e*

Back-up Slides

Anesthesiology Unit Issues/Requirements

- High OPSTEMPO/deployments
- Resident education compromised by decreased/reduced:
 - OR starts
 - Subspecialty trained staff (anesthesiologists & surgeons)
 - Index cases
- RSA/T-Nex Contract Conversions
 - Pending resignations (2 anesthesiologist/1 CRNA)
 - Challenges with new contract
- Improved coding in Pain Clinic

Anesthesiology Unit Issues/Requirements

- Approximately 45 days for new patient appointment in Pain Clinic
- Increase of new appointments led to increased waiting time for follow-ups (60 days)
- Challenges to meet Pain clinic staffing and space needs to prevent leakage